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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4629

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCT	non Guide explains how to complete	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Haywo	ed L	OFFICE USE ONLY
·	NICKNAME LAST Ware	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	18506 Holdby Lan		
5 CAMPAIGN TREASURER	TITLE FIRST	3645-9659	Receipt #
NAME .	Mr. Haywoo NICKNAME UST Ware	od L suffix	HD / PM Amount  Date Processed  Date imaged
CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE). APTI SUIT 18606 Holday Lan Jone Stown, Tx 7864	ė ·	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (5/2) 267-5999	EXTENSION	
REPORT TYPE	July 15 30th day before election  30th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year THROUGH	GH 7/14	/2 <i>0</i> 00
ELECTION	ELECTION DATE  Month  Day  Year  3/13/98  Primary	Runoff	General Special
OFFICE	OFFICE HELD (# any)	12 OFFICE SOUGHT (# know	n)
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures are required to disclose this information only Name	itures made by others without the can y if they receive notification of the dire	didate's prior consent or approval, ct campaign expenditure. ••
additional pages	Address / PO Box. Apt. / Sune #, City, State, Zip	Code	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jaywood	1 Ware	15 ACCOUNT # (Etnica Commission flors)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	les political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates a y receive notice of such expenditures. ••	e / officeholder. These expenditures may not officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME  COMMITTEE ADDRESS	
	SPECIFIC .	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	· · · · · · · · · · · · · · · · · · ·
77 NO REPORTABLE ACTIVITY	Check here if n	o reportable activity occurred during this reporting period. (Sign afficient belo	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	° s
	4. TOTAL	POLITICAL EXPENDITURES	\$ -0-
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0-
19 AFFIDAVIT		I swear, or affirm, under penalty of pe is true and correct and includes all informe under Title 15, Election Code.  Signature of Candid	ormation required to be reported by
AFFIX NOTARY STAMP			
Swom to and subscribed b			day of
Signature of officer adm	inistering oath	Print name of officer administering path. Title	of officer administration and

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

DE	SIGNATION OF FINAL REPORT	
The (	C/OH Instruction Guide explains how to complete this form.  omplete only if "Report Type" on C/OH page 1 is marked "Final Report"	••
1 C/OH	Haywood Ware.	2 ACCOUNT # (Ethics Commission Nors)
3 SIGN	ATURE	
a rep contr	not expect any further political contributions or political expenditures in connection with my can port as a final report terminates my campaign treasurer appointment. I also understand tributions or make any campaign expenditures without a campaign treasurer appointment on fix	didacy. I understand that designating hat I may not accept any campaign e.
	Signature	of Candidate / Officeholder
		·
FILER	WHO IS NOT AN OFFICEHOLDER	
•• Com	plete A & B below only if you are a candidate ••	
A.	CAMPAIGN FUNDS	
Chec	yonly one:	
L <u>¥</u>	I do not have unexpended contributions or unexpended interest or income earned from politic	cal contributions.
<b>_</b>	I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions and that I may or unexpended interest or income earned on political contributions longer than six years af understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended into contributions in accordance with the requirements of Election Code, § 254.204.	not retain unexpended contributions
В.	ASSETS	
Check	Only one:	. 1
<b>I</b>	I do not retain assets purchased with political contributions or interest or other income from p	
	I do retain assets purchased with political contributions or interest or other income from politic may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254,204.	al contributions. I understand that I
		·
	Sign	ature of Candidate
		attire of Candidate
OFFICE	HOLDER	
Compi	ete this section only if you are an officeholder	i
		1.
	am aware that I remain subject to filing requirements applicable to an officeholder who does not h	ave a campaign treasurer on file.
	Signat	ure of Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

=					
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2	FILER NAM	E		3 ACCOUNT # (Et	hics Commission filers)
4	Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
		6 Contributor address; City; State; Zip Cod			     
9	Principal occu	pation	10 Employer (optio	nal)	
	Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Coo	le		
		•		<b>]</b> -	
	Principal occu	pation	Employer (option	na!)	
	Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State: Zip Cod	ė		
	Principal occup	ation	Employer (option	al)	
	Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code		1	
				ļ .	•
	Principal occup	ation	Employer (option	ai)	
	Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	fn-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code	••••••••••••••••••••••••••••••••••••••		
	Principal occup	ation	Employer (option	ai)	ı
				<u>.                                    </u>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEDG	SED CONTRIBUTIONS	. ·		SCHEDULE B
The Instruc	TION GUIDE explains how to complete this form	).	1 Total pages Sci	nedule 8:
2 FILER NA	ME		3 ACCOUNT # (E	thics Commission filers)
4 TOTAI	L OF UNITEMIZED PLEDGES:	<b>\$</b> \$\$ \$\$	<b>\$</b>	\$
5 Date	6 Full name of pledgor	Out of state PAC	g Amount of pledge (5)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip	Code		 
				1
10 Principal occ	cupation	11 Employer (option	onal)	
Date	Full name of pledgor	Out of state PAC	Amount of piedge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip	Code		
Principal occi	upation	E-claus (-c)		
		Employer (optio	onal)	
Date	Full name of pledgor  Pledgor address: City; State; Zip	out of state PACCode	Amount of pledge (S)	In-kind description (if applicable)
Principal occu	pation	Employer (option	nal)	
Date	Full name of pledgor  Pledgor address; City; State; Zip	Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Code	·		
Principal occu	pation	Employer (option	nāi)	· •
Date	Pull name of pledgor	Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	•		:
Principal occup	pation	Employer (option	nal)	
If contr	ATTACH ADDITIONAL COI	PIES OF THIS FORM A	AS NEEDED	ng requirements

LOANS			·	SCHEDULE E
The Instruction G	uide explains how to complete this for	m.	1 Total pages Sch	edule E:
FILER NAME	.,	•	3 ACCOUNT # (E	thics Commission filers)
TOTAL OF U	NITEMIZED LOANS:	<b>+</b> + + +	<b>\$</b>	\$
Date of loan	7 Name of lender	Out of state PAC		9 Loan Amount (\$)
Is lender a financial institution?	8 Lender address; City; State;	Zip Code	•••••••••••••	10 Interest rate
Y N				11 Matunty date
Description of Collat	eral		-	
GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (5)
not applicable	15 Guarantor address; City; State;	Zip Code	• • • • • • • • • • • • • • • • • • • •	
Principal Occupation		18 Employer		
Pate of loan	Name of lender	Dut of state PAC		Loan Amount (\$)
s lender a nancial Institution?	Lender address; City; State;	Zip Code	•••••	interest rate
r N		•		Maturity date
escription of Collate	ral			
SUARANTOR NFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer		
,	ATTACH ADDITIONAL CO	1		

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Company of the control of the contro

The Instruction Gube explains how to complete this form.  2 FILER NAME  3 ACCOUNT's (these commission form)  5 Payer address: City: State: Zip Code  5 Payer address: City: State: Zip Code  Date  Payer address: City: State: Zip Code  Candidate / Officanoider name  Conspett if direct expenditure to benefit CiCici - Officanoider name  Candidate / Officanoider name		nmission P.O. Box 12070 Ausun, Fexas	78711-2070	(512)463	- <b>580</b> 0 1-800-325-85
2 FILER NAME  3 ACCOUNT # (Ence Commission for (5))  4 Date   5 Payse name   7 Amount (5)  5 Payse address: City: State: 2ip Code  Date   Payse name   Amount (5)  Purpose of expenditure   Payse name   Amount (5)  Payse address: City: State: 2ip Code  Date   Payse name   Amount (5)  Payse address: City: State: 2ip Code  Date   Payse name   Amount (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission for forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission forest expenditure to benefit C/OH - Office sought (6)  Purpose of expenditure   Commission forest commission for forest comm	POLIT	TICAL EXPENDITURES		• ,.	SCHEDULE F
S Date   5 Payee address; City, State; Zip Code   7 Amount (s)    Purpose of expenditure   9	The Instruct	TION GUIDE explains how to complete this form.		1 Total pages Sci	hedule F;
Purpose of expenditure  Payee address: City: State: Zip Code  Purpose of expenditure  Payee address: City: State: Zip Code  Candidate / Officanoidar name  Amount (s)  Payee address: City: State: Zip Code  Purpose of expenditure  Payee name  Amount (s)  Payee address: City: State: Zip Code  Purpose of expenditure  Payee address: City: State: Zip Code  Purpose of expenditure  Payee name  Amount (s)  Payee address: City: State: Zip Code  Purpose of expenditure  Payee name  Amount (s)  Payee address: City: State: Zip Code	2 FILER NAI	ME	•	3 ACCOUNT# (E	thics Commission filers)
Purpose of expenditure   Payee name   City: State: Zip Code	4 Date	5 Payee name		7	Amount (\$)
Purpose of expenditure  Payee name  City: State: Zip Code  Payee address: City: State: Zip Code  Purpose of expenditure  Payee name  Amount  Candidate / Officanolder name  Amount  Candidate / Officanolder name  Amount  Candidate / Officanolder name  Purpose of expenditure  Payee name  City: State: Zip Code  Purpose of expenditure  Purpose of expenditure  Payee name  Complete if direct expenditure to benefit C/OH  Candidate / Officanolder name  City: State: Zip Code  Purpose of expenditure  Candidate / Officanolder name  City: State: Zip Code  Purpose of expenditure to benefit C/OH  Candidate / Officanolder name  City: State: Zip Code  Complete if direct expenditure to benefit C/OH  Candidate / Officanolder name  City: State: Zip Code				•••••	
Date Payee name City: State: Zip Code  Purpose of expenditure  Purpose of expenditure to benefit C/OH  Candidate / Officanoider name					
Purpose of expenditure  Payee name  City: State: Zip Code	Purpose of e	expenditure	9 Complete if direct expe Candidate / Officeholder	enditure to benefit C/	Office sought / held
Purpose of expenditure  Purpose of expenditure  Purpose of expenditure  Payee address: City: State: Zip Code  Candidate / Officaholder name  Amount (\$)  Purpose of expenditure					· · · · · · · · · · · · · · · · · · ·
Purpose of expenditure	Date	Payee name :			Amount (\$)
Date Payee name Amount (S)  Purpose of expenditure Complete if direct expenditure to benefit C/OH Office sought.  Date Payee address: City: State: Zip Code  Complete if direct expenditure to benefit C/OH Office sought.  Date Payee name Amount (S)  Payee address: City: State: Zip Code  Complete if direct expenditure to benefit C/OH Office sought.		Payee address; City; State; Zip Cod	e		
Purpose of expenditure  Payee address: City: State: Zip Code	Purpose of:ex	xpenditure	Complete if direct expe Candidate / Officaholder i	nditure to benefit C/0	OH Office sought / held
Purpose of expenditure	Date	Payee name			Amount (\$)
Date Payee name Amount (\$)  Payee address; City: State: Zip Code  Complete if direct expenditure to benefit C/OH		Payee address: City; State: Zip Code			<b>(,</b>
Date Payee name Amount (\$)  Payee address: •City: State: Zip Code  Purpose of expenditure •• Complete if direct expenditure to benefit C/OH ••	Purpose of ex	penditure	Complete if direct exper	nditure to benefit C/C	Office sought / held
Purpose of expenditure  Complete if direct expenditure to benefit C/OH		*			
Purpose of expenditure Complete if direct expenditure to benefit C/OH	Date	Payee name			
Complete if direct expenditure to benefit C/OH		Payee address; City; State; Zip Code			
Complete it direct expenditure to benefit C/OH					
	Purpose of exp	penditure	Complete if direct expen Candidate / Officenoider /u	diture to benefit C/O	H •• Office sought / held

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#### Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Date 5 Payee name Amount · (S) 6 Payee address; City; State; Zip Code 7 Purpose of expenditure Reimbursement from political contributions intended Date Payee name Amount **(S)** Payee address; City: State; Zip Code Purpose of expenditure Reimbursement from political contributions intended Date ·Payee name Amount **(S)** Payee address; City; State; Zip Code Purpose of expenditure Reimbursement , from political contributions intended Date Payee name Amount (5) Payee address; City; State; Zip Code Purpose of expenditure Reimbursement from political contributions . intended Date Payee name Amount 90 (\$) Payee address; City: State; Zip Code Purpose of expenditure Reimbursement from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

The luces	man Guar evaluing how to complete this f		1 Total pages Sch	edule H:
THE INSTRUC	CTION GUIDE explains how to complete this form.		, , , , , , , , , , , , , , , , , , , ,	
FILER NA	AME	•	3 ACCOUNT # (Et	hics Commission filers)
Date	5 Business name			7 Amount (\$)
•	6 Business address; City: State: Zip Coo		·····	
Purpose of	payment	9 Complet	e if direct expenditure	
	. ·	Cariodale / Circal	iology rights	Office sought / held
Date	Business name			Amount (\$)
	Business address; City, State; Zip Cod	ie	• • • • • • • • • • • • • • • • • • • •	
Purpose of p	payment	Complete	if direct expenditure to	Denefit C/OH
		Candidate / Offices	aldas asaa	
·	.· 	Candidate / Officeh	older name	Office sought / held
Date	Business name	Candidate / Officeh	older name	
Date	Business name  Business address; City; State; 'Zip Cod	Candidate / Officeh	older name	Office sought / held
Date		Candidate / Officeh	older name	Office sought / held
	Business address; City: State; Zip Cod	Candidate / Officeh	older name	Office sought / held  Amount (\$)
	Business address; City: State; Zip Cod	Candidate / Officeh	if direct expenditure to	Office sought / held  Amount (\$)
	Business address; City: State; Zip Cod	Candidate / Officeh	if direct expenditure to	Amount (\$)
	Business address; City: State; Zip Cod	Candidate / Officeh	if direct expenditure to	Amount (\$)
Purpose of p	Business address; City; State; Zip Cod	e  Complete Candidate / Officeh	if direct expenditure to	Amount (\$)  Denefit C/OH Office sought / held
urpose of p	Business address; City: State: Zip Cod	e  Complete Candidate / Officeh	if direct expenditure to	Amount (\$)  Denefit C/OH Office sought / held
Purpose of p	Business address; City: State: Zip Code  Business name  Business address; City: State: Zip Code	e  Complete Candidate / Officeh	if direct expenditure to	Amount (\$)  Amount (\$)  Amount (\$)

Texas Ethics Commission

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

(512) 463-5800

The instruc	TION GUIDE explains how to complete this form.	Total pages Schedu	ue i:
2 FILER NA	ME	3 ACCOUNT # (Ethica	Commission filers)
4 Date	5 Payee name	. 6	Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure		
			·····
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
·	City, State. Zip Code		
. *	Purpose of expenditure		
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
	Purpose of expenditure		
Date	Payee name		Amount (\$)
	Payee address; City; State: Zip Code	• • • • • • • • • • • • • • • • • • • •	W,
	Purpose of expenditure		•
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
	Purpose of expenditure		

CREDITS (	optional)

## SCHEDULE K

The Instruc	CTION GUIDE explains how to complete this form.	1 Total pages Schedule	ĸ
FILER NA	AME	3 ACCOUNT # (Ethics C	ommasión fiers)
Date	5 Payor name	8	Amount (\$)
	6 Payor address: City; State; Zip Code		
	7 Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
	i e		
Date .	Payor name		Amount
Date .	Payor name  Payor address: City; State; Zip Code		Amount (\$)
Date			
Date	Payor address: City: State: Zip Code  Reason for credit		(\$)
	Payor address: City; State; Zip Code  Reason for credit		(\$)
	Payor address: City: State: Zip Code  Reason for credit  Payor name		(\$)
Date	Payor address: City; State; Zip Code  Reason for credit  Payor name  Payor address; City; State; Zip Code		(\$)
	Payor address: City: State: Zip Code  Reason for credit  Payor name  Payor address: City: State: Zip Code  Reason for credit		(\$)

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Dana De Beauvoir County Clerk, Travis County P.O. PSEY 1748 P.O. PSEY 1748 Austin, TX 187181

Haywood Ware Lone 18506 Hosby Lone Jonestown, TX 78645-9657